

Application Data Sheet

Application Information

Application Number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of CDs:

Sequence Submission:

Computer Readable Form (CRF):

Title: HEMOSTASIS VALVE AND METHOD
OF USING A HEMOSTASIS VALVE

Attorney Docket Number: GCC-108

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: 1

Total Drawing Sheets: 13

Small Entity: Yes

Latin Name:

Variety Denomination Name:

Petition Included:

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.:

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: James
Middle Name: H.
Family Name: Layer
Name Suffix:
City of Residence: Cooper City
State or Province of Residence: Florida
Country of Residence: US
Street of Mailing Address: 10427 S.W. 49 Place
City of Mailing Address: Cooper City
State or Province of Mailing Address: Florida
Country of Mailing Address: US
Postal or Zip Code of Mailing Address: 33328

Applicant Authority Type:

Primary Citizenship Country:

Status:

Given Name:

Middle Name:

Family Name:

Name Suffix:

City of Residence:

State or Province of Residence:

Country of Residence:

Street of Mailing Address:

City of Mailing Address:

Attorney Docket No.: GCC-108

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing Address:

Applicant Authority Type:

Primary Citizenship Country:

Status:

Given Name:

Middle Name:

Family Name:

City of Residence:

State or Province of Residence:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing Address:

Correspondence Information

Correspondence Customer Number: 35996

Representative Information:

Representative Customer Number: 35996

Domestic Priority Information

Application	Continuity Type	Parent Application	Parent Filing Date
This application	Non-provisional of	60/427,251	November 19, 2002

Foreign Priority Information

Country	Application No.	Filing Date	Priority Claimed

Assignee Information

Assignee Name: GMP|Cardiac Care, Inc.
Street of Mailing Address: One East Broward Blvd., Suite 1701
City of Mailing Address: Fort Lauderdale
State or Province of Mailing Address: Florida
Country of Mailing Address: US
Postal or Zip Code of Mailing Address: 33301